Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-10-2010</u>	Address:	3728 NUTTMAN AVE.
Case #:	22F45471		FT. WAYNE, IN.
County:	ALLEN		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all the Lithium Red Photo Flamma Water F	n/Ammonia Reaction(s): HOUSE osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): ous Ammonia:	<u>r, etc)</u>	
_ '	hloric Acid Gas Generator(s): ve Acid:		
Corrosive Base:			
Other (i	tem and location):		
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This repor	t is to be faxed to the following agen	cies that serve the le	ocation:
Health Dep	ment: artment: <u>ALLEN CO</u> ction Service:	Fax: Fax: <u></u>	
	information regarding this methamphor g Officer: <u>ANDREW SMITH</u> Phor		ontact

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.